

STATE OF MAINE

Application No.

Certificate No.

(To be filled in by Board)

All information requested
on this form must be
typewritten or printed in ink.



SOCIAL SECURITY NUMBER

**STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
AUGUSTA, MAINE
APPLICATION FOR CERTIFICATE AS AN ENGINEER-INTERN**

Date of Application..... 20

I, hereby apply for certification as an "Engineer-Intern" in the State of Maine
(Name in Full)

under an Act to regulate the practice of PROFESSIONAL ENGINEERING, Title 32, Chapter 19, Revised Statutes of MRSA, under the classification in the schedule of minimum requirements as checked below:

Appl.
Fee

- () 1a. Senior Year Applicant of 4 Yr. Curriculum, 8 Hr. Written Exam. \$ 5.00
 () 1b. Graduate Approved 4 Yr. Curriculum, 8 Hr. Written Exam. \$10.00
 () 2. Certificate of Reciprocity \$10.00

*NOTE-Total Fee to accompany application. Make checks and money orders payable to the TREASURER, STATE OF MAINE.

Phone: Fax or E-mail:

I. GENERAL INFORMATION

1. Name (as desired on Certificate as "Engineer-Intern")
2. Current Address (Mailing Address) (City or Town) (State) (Zip)
 Parent Address (Mailing Address) (City or Town) (State) (Zip)
3. Date and place of birth (Date) (Place)
4. Citizen of (State of Foreign Country)
5. If not a citizen of the United States, have you made a declaration of your intentions to become one ?
 If so, when and where?
6. Are you certified as an "Engineer-Intern" in any other state or country? (Yes or No)
 If so, give name of State or Country and Certification Number Date of Expiration
7. Have you been refused certification in any other state? (Yes or No) If YES, what state or states
8. Have you previously filed an application in Maine? (Yes or No) If YES, what date
9. Are you engaged in engineering or associated work at the present time?
 If not, state present occupation
10. Names of engineering and allied organizations to which you belong and grade of membership

BOARD RECORDS (To be filled in by Board)**NOTICES**

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PAYMENTS

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ACTION

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NOTE: Upon graduation, the applicant should request the college or university to send the Board a transcript of the applicant's record showing the courses taken, the grades and degree received.

II. EDUCATION

1. Education - Supervised. (A) High. (B) Preparatory Schools. (C) College or University.
(Fill in following form to show nature and extent of supervised education.)

| Key | Name of Institution | Years Attended | | Date of Graduation | Courses Completed — Degrees |
|-----|---------------------|----------------|----|--------------------|-----------------------------|
| | | From | To | | |
| A | | | | | |
| B | | | | | |
| C | | | | | |

III. EXPERIENCE

| Key | Date | | Name of Employer — Title of Position - Location & Character of Each Engagement Degree of Responsibility | Time in Years and Months. | Name and Present Address of someone familiar with each engagement - Preferably a Person to whom applicant reported or with whom you were associated. |
|-----|------|-------------|---|------------------------------|---|
| | From | To Years | | | |
| | | | | | |
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Additional detailed information pertaining to Education and Experience should be furnished on plain sheets - 8 1/2 x 11 inches, signed by the applicant on such additional sheets. Key references should be made to corresponding items in the above statement.

IV. REFERENCES

List below at least three (3) citizens to whom the Board may apply for information relative to your character and ability. (Do not include relatives or members of the Board.)

| Name | P.O. Address | City, State, Zip | Relation to Applicant |
|------|--------------|------------------|-----------------------|
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Should you need to make special accommodation request due to ADA or Religious requirements, the deadline for these requests to ELSEES is August 23rd for the October exam and February 21st for the April exam.
Your approval letter will provide the website address to complete this process.

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate as "Engineering-Intern", as applied for, but also to the retention of said certificate, if issued. I have read the Code of Ethics and agree to be bound by same, should I become a Maine Certified Engineer-Intern.

(Signature of Applicant) _____

STATE OF _____ }
County of _____ } —ss. _____, 20 _____

_____ of _____
Applicant's Name City/Town

State of _____, being duly sworn, says that _____ is the person named
in the above application to the STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS for certification as "Engineer-Intern" under Title 32 Chapter 19, of the Revised Statutes MRSA, and that the statements therein contained are each and all strictly true in every respect.

Subscribed and sworn to before me, this _____ day of _____, A.D. 20 _____

Notary Public - Justice of the Peace

Notary Seal

My commission expires _____

SEND THIS APPLICATION TO:

STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS
#92 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0092
Web Page: www.maine.gov/professionalengineers/

Rev. 10/06

OFFICE LOCATION:

Augusta State Airport
Terminal Building - 2nd Floor
75 Airport Road
Augusta, Maine
Telephone: (207) 287-3236
Fax: (207) 626-2309